## EXHIBIT 15

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:		•	ŕ	ŕ	
Participant's Name:	Rosa Ro	ndon	Maldon	nado	
Participant's Address:	Calle 8 #	100 as	76. 204	PUNDER	2 1646
Participant's Email Address:	11/14	- 4469 ( )	us Leronna		)
Name of Counsel:	NA				
Address of Counsel:					
Email Address of Counsel:	N/A				
2. Participant's C	Claim number and the	nature of Part	icipant's Claim:		
Claim Number:	17 BK 32;	83 - L	A5		
Nature of Claim:					
Ву:					
Signature					
Print Name	Marshado		RE	CEIVED	
Print Name			AUG	20 2021	
Title (if Participant is	,		PRIME	CLERK LLC	
12 / Agot/ 2	021				
Date '					

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

